OAK PARK NURSING & REHAB CENTER

801 BRAXTON PL

MADISON 53715 Phone: (608) 251-1010		Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	100	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	100	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	91	Average Daily Census:	88

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (	12/31/04)	Length of Stay (12/31/04)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	39.6		
Supp. Home Care-Personal Care	No					1 - 4 Years	35.2		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	14.3	More Than 4 Years	25.3		
Day Services	No	Mental Illness (Org./Psy)	52.7	65 - 74	18.7				
Respite Care	No	Mental Illness (Other)	1.1	75 - 84	36.3		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	25.3	*********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.5	Full-Time Equivalent			
Congregate Meals	No   Cancer		3.3	3		Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	4.4	100.0		(12/31/04)			
Other Meals	No	Cardiovascular	6.6	65 & Over	85.7				
Transportation	No	Cerebrovascular	4.4			RNs	9.1		
Referral Service	No	Diabetes	7.7	Gender	%	LPNs	9.2		
Other Services	Yes	Respiratory	6.6			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	13.2	Male	34.1	Aides, & Orderlies	37.3		
Mentally Ill	No			Female	65.9				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				
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## Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other			Private Pay	2		amily Care		]	Managed Care	Į		
Level of Care	No.	96	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	3.2	158	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.2
Skilled Care	12	100.0	296	60	95.2	135	0	0.0	0	12	100.0	194	0	0.0	0	4	100.0	236	88	96.7
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				1	1.6	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		63	100.0		0	0.0		12	100.0		0	0.0		4	100.0		91	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Conditi	ions, Services, and	d Activities as of 12,	/31/04
Deaths During Reporting Period				 8	Needing		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	1.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.3	Bathing	9.9		56.0	34.1	91
Other Nursing Homes	1.5	Dressing	9.9		57.1	33.0	91
Acute Care Hospitals	91.7	Transferring	24.2		53.8	22.0	91
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.1		41.8	35.2	91
Rehabilitation Hospitals	0.0	Eating	67.0		19.8	13.2	91
Other Locations	2.6	********	******	******	******	******	******
Total Number of Admissions	265	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.3	Receiving Resp	iratory Care	8.8
Private Home/No Home Health	20.9	Occ/Freq. Incontiner	nt of Bladder	51.6	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	23.5	Occ/Freq. Incontiner	nt of Bowel	45.1	Receiving Suct	ioning	0.0
Other Nursing Homes	3.0				Receiving Osto	my Care	2.2
Acute Care Hospitals	28.0	Mobility			Receiving Tube	Feeding	3.3
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.1	Receiving Mech	anically Altered Diets	33.0
Rehabilitation Hospitals	0.0						
Other Locations	7.8	Skin Care			Other Resident Cl	haracteristics	
Deaths	16.8	With Pressure Sores		3.3	Have Advance D	irectives	89.0
Total Number of Discharges		With Rashes		2.2	Medications		
(Including Deaths)	268	İ			Receiving Psyc	hoactive Drugs	72.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:					
	This	This Proprietary			-199	Ski	lled	Al	1			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities			
	%	%	Ratio	%	Ratio	90	Ratio	%	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	77.8	88.5	0.88	90.2	0.86	90.5	0.86	88.8	0.88			
Current Residents from In-County	95.6	80.0	1.20	82.9	1.15	82.4	1.16	77.4	1.23			
Admissions from In-County, Still Residing	13.2	17.8	0.74	19.7	0.67	20.0	0.66	19.4	0.68			
Admissions/Average Daily Census	301.1	184.7	1.63	169.5	1.78	156.2	1.93	146.5	2.06			
Discharges/Average Daily Census	304.5	188.6	1.61	170.5	1.79	158.4	1.92	148.0	2.06			
Discharges To Private Residence/Average Daily Census	135.2	86.2	1.57	77.4	1.75	72.4	1.87	66.9	2.02			
Residents Receiving Skilled Care	98.9	95.3	1.04	95.4	1.04	94.7	1.04	89.9	1.10			
Residents Aged 65 and Older	85.7	92.4	0.93	91.4	0.94	91.8	0.93	87.9	0.98			
Title 19 (Medicaid) Funded Residents	69.2	62.9	1.10	62.5	1.11	62.7	1.10	66.1	1.05			
Private Pay Funded Residents	13.2	20.3	0.65	21.7	0.61	23.3	0.57	20.6	0.64			
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	6.0	0.00			
Mentally Ill Residents	53.8	31.7	1.70	36.8	1.47	37.3	1.44	33.6	1.60			
General Medical Service Residents	13.2	21.2	0.62	19.6	0.67	20.4	0.65	21.1	0.63			
Impaired ADL (Mean)	50.5	48.6	1.04	48.8	1.04	48.8	1.04	49.4	1.02			
Psychological Problems	72.5	56.4	1.29	57.5	1.26	59.4	1.22	57.7	1.26			
Nursing Care Required (Mean)	6.6	6.7	0.99	6.7	0.98	6.9	0.96	7.4	0.89			